

# **Tuberculosis-Surveillance Care Guide December 2016**



CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

## SUMMARY

### GOALS

- ✓ Perform surveillance to protect California Department of Corrections and Rehabilitation (CDCR) patients and California Correctional Health Care Services (CCHCS) staff from *Mycobacterium tuberculosis* (TB) infection and disease
- ✓ Identify patients with active (infectious) TB disease - Isolate, treat, and prevent transmission
- ✓ Identify patients with new TB infection. Offer latent TB infection (LTBI) treatment to prevent development of TB disease (If LTBI treatment refused, closely monitor for TB disease for first 2 years after infection, and rapidly isolate if TB develops)
- ✓ Identify patients with remote TB infection, consider LTBI treatment to prevent development of TB disease

### ALERTS

- Identify all symptomatic patients
- Monitor newly infected patients for development of symptoms
- Ensure treatment for TB infection is offered to all infected patients

### DIAGNOSTIC CRITERIA/EVALUATION

**SYMPTOM SCREENING:** Refer for assessment if patient has cough more than 3 weeks, fever, weight loss, night sweats or hemoptysis

**TUBERCULIN SKIN TEST (TST)** (standard method in CCHCS for detection of TB infection, recent or past):

- Recorded in millimeters (mm) of induration (raised, hardened area or swelling), do not measure erythema redness.
- Interpreted as “positive” or “negative” dependent on clinical factors or known exposure to TB.
- The indurated area should be measured across the forearm (perpendicular to the long axis of the arm).
- Those with documented severe necrotic reaction to the TST should have an interferon gamma release assay (IGRA) instead of TST.
- Pregnancy, lactation, or previous Bacillus Calmette-Guérin (BCG) vaccinations are not contraindications for a TST.

**HIGH RISK CONDITION (High risk of developing TB disease):**

- Recent contact with a person with active TB (all contacts in a contact investigation);
- Abnormalities on a chest x-ray (CXR) consistent with old TB disease;
- HIV-infected or has an unknown HIV infection status;
- Has had an organ transplant and is on transplant immunosuppression; or
- Is otherwise immunosuppressed (e.g., receiving the equivalent of > 15 mg/day of prednisone for > one month, chemotherapy for cancer, or tumor necrosis factor (TNF) alpha antagonists).

**POSITIVE TST:**

- Induration of > 5 mm for patients with a high risk condition
- Induration of > 10 mm for all others

**EXCLUSION FROM TESTING:**

TST is not needed on arrival at reception center if the patient has:

- Documented positive TST or positive IGRA;
- Documented negative TST or negative IGRA in past 30 days (negative TST is < 5mm high risk condition or < 10 mm in all others); or
- Documented prior active TB disease.

**TB INFECTION:** Infected with *Mycobacterium tuberculosis*; patients with TB infection (also known as LTBI) are not contagious.

**RECENT TB INFECTION:** TB infection occurring in the past 2 years.

- Known recent exposure to a TB case and a new > 5 mm TST (these patients are most often identified during a contact investigation); or
- Newly positive TST found because of a workup for symptoms consistent with TB on arrival at reception (> 5 mm induration with a high risk condition [e.g., immunocompromised] or > 10 mm induration without a high risk condition).

**REMOTE TB INFECTION:** Documented TB infection more than 2 years prior.

**TB DISEASE:** Clinical evidence of TB disease.

**CXR -** New CXR indicated for:

- Newly positive TST or newly positive IGRA test;
- Any patient with a documented prior positive TST on arrival at reception center (new arrival or parole violator, not a transfer from another CDCR institution);
- Any patient prior to starting treatment for TB infection (even if remotely infected and asymptomatic); or
- New arrivals at reception centers with a high risk condition.

Baseline CXR: Baseline CXR is a chest x-ray taken after TB infection is identified.

## **MONITORING (EXCLUDING CONTACT INVESTIGATIONS)**

### **ACTIVE TB SYMPTOM SCREENING**

- Upon arrival at reception center
- During annual screening
- Transfers between institutions and category S (short stays from other agencies)
- Returns from out to court (OTC)
- Before transfer to California Department of State Hospitals

### **TB SKIN TEST**

- Upon arrival at a reception center, unless documented negative IGRA or negative TST (< 5 mm with high risk condition, < 10 mm for all others) in prior 30 days or documentation of TB infection (positive IGRA or positive TST)
- For clinical assessment of symptoms consistent with TB, if no documented prior positive TST or prior positive IGRA test
- In the context of a TB exposure (contact investigation)